

COMBINATION DECLARATION & POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

the specification of which is filed herewith.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

0214344.4
(Number)

GB_____
(Country)

21-Jun-2002
(Day/Month/Yr. Filed)

☒ yes ☐ no

(Number)

(Country)

(Day/Month/Yr. Filed)

☐ yes ☐ no

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States Provisional Application(s) listed below.

(Application Serial No.)

(Filing Date)

(Application Serial No.)

(Filing Date)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

PCT CH 03/00401 20-Jun-2003 pending
(Application Serial No.) (Filing Date) (Status)
(patented,pending,abandoned)

(Application Serial No.) (Filing Date) (Status)
(patented,pending,abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punished by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

⑧ Andrew N. Parfomak, Reg. No. 32,431, Kurt G. Briscoe, Reg. No. 33,141; William C. Gerstenzang, Reg. No. 27,552; Lorimer P. Brooks, Reg. No. 15,155; Bruce Londa, Reg. No. 33,531; Christa Hildebrand, Reg. No. 34,953; Howard C. Lee, Reg. No. 48,104; and Theodore Gottlieb, Reg. No. 42,597 all of 220 East 42nd Street, 30th Floor, New York, New York 10017; William R. Robinson, Reg. No. 27,224; Davy E. Zoneraich, Reg. No. 37,267; Mark A. Montana, Reg. No. 44,948 and Robert A. Hyde, Reg. No. 46,354, of 721 Route 202-206, Bridgewater, New Jersey 08807, my attorneys and/or agents with full power of substitution and revocation.

SEND CORRESPONDENCE TO:
NORRIS, McLAUGHLIN & MARCUS
875 Third Avenue- 18th Floor
NEW YORK, N.Y. 10022

DIRECT TELEPHONE CALLS TO:
ANDREW N. PARFOMAK
(212) 808-0700

FULL NAME OF SOLE OR FIRST INVENTOR: 1-00 Andreas GOEKE
INVENTOR'S SIGNATURE: A. Goetze DATE: 29.10.04
RESIDENCE: Switzerland CHX CITIZENSHIP: German
POST OFFICE ADDRESS: Grüzenstrasse 21, 8600 Duebendorf, Switzerland

FULL NAME OF SOLE OR SECOND INVENTOR: _____
INVENTOR'S SIGNATURE: _____ DATE: _____
RESIDENCE: _____ CITIZENSHIP: _____
POST OFFICE ADDRESS: _____